



UNIVERSITY OF HOUSTON - _____

AUTHORIZATION FOR USE OF IMAGE, VOICE, PERFORMANCE, ARTWORK OR LIKENESS

I, (printed name) _____ permit and authorize the University of Houston - _____ (the "University" - a component institution of the University of Houston System) and its employees, agents, representatives, contractors, and personnel who are acting on behalf of the University to create and/or obtain and use my photograph, my voice or quotes/excerpts of my written or verbally expressed words, my artwork or a photograph of my artwork, my name, alias, or biographical information, a video and/or audio recording or other likeness of myself (hereinafter collectively referred to as "My Likeness") for purposes related to the educational mission of the University, including instructional and/or educational purposes, publicity, marketing, and promotion of the University and its various programs without compensation to me. I understand My Likeness may be copied/reproduced and distributed by means of various media, including, but not limited to, video presentations, simultaneous television broadcast/rebroadcast, radio transmission/retransmission, news releases, mail-outs, e-mails, billboards, signs, brochures, placement on websites and/or other electronic delivery, publication, display, or promotion on any and all other media, and I further understand that My Likeness may be subject to reasonable modification or editing. I acknowledge that the University has the right to make one or more photographs, audio recordings, videotape or disk presentations, or other electronic reproductions of My Likeness in accordance with this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness (hereinafter sometimes referred to simply as "this Authorization"). I waive any right to inspect or approve the finished product or material in which the University may eventually use My Likeness.

I relinquish and give the University all rights, title and interests in and to My Likeness, including any copyright therein. This Authorization shall be binding upon my heirs, successors, assigns, and legal representations.

I understand that, although the University will endeavor to use My Likeness in accordance with standards of good judgment, the University cannot warrant or guarantee that any further dissemination of My Likeness will be subject to University supervision or control. Accordingly, I release the University from any and all liability related to the dissemination, reproduction, distribution, and/or display of My Likeness in print or any and all other media, and any alteration, distortion or illusionary effect of My Likeness, whether intentional or otherwise, in connection with said use. I also understand that I may not withdraw my permission for use of My Likeness which was granted in this Authorization.

I have read and understand the conditions of this Authorization for Use of Image, Voice, Performance, Artwork, or Likeness.

_____ Signature	_____ Date	_____ Age (if minor)
_____ Printed or typed name	_____ Phone	
_____ Address	_____ City/State/Zip	

CONSENT OF PARENT/LEGAL GUARDIAN REQUIRED IF ABOVE INDIVIDUAL IS A MINOR.
I am the parent and/or guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

_____ Signature	_____ Date
_____ Printed or Typed Name	_____ Phone
_____ Address	_____ City/State/Zip

Note: Modification of this Form requires approval of OGC

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I _____ hereby voluntarily authorize officials in the
[Print Name of Student]

University of Houston department(s) identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

- Registration and Academic Records
- Scholarships and Financial Aid
- Student Financial Services
- Undergraduate Scholars @ UH (formally USD)
- University Advancement
- Dean of Students Office
- Other (Please Specify) Tier One Scholars Program

Specifically, I authorize disclosure of the following information or category of information. (Please check the box or boxes that apply):

- Grades/Transcripts
- Financial Aid
- Disciplinary
- Housing
- Scholarship and/or Honors
- Photos
- Academic Records
- All University Records
- Billing
- Other (Please Specify) _____

This information may be released to: Tier One Scholarship Endowment Donors
[Print Name(s) of Individual(s) To Whom University May Disclose Information]
_____ for the purpose of informing:

[List Additional Individuals if Necessary]

- Family
- Educational Institution
- Honor or Award
- Employer/Prospective Employer
- Public or Media of Scholarship
- Other (Please Specify) _____

Please provide a password to obtain information via the phone: _____. The password should not contain more than ten (10) letters. You must provide the password to the individuals or agencies listed above. The University will not release information to the caller if the caller does not have the password. A new form must be completed to change your password.

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Name [please print]

PeopleSoft I.D. Number

Student Signature

Date